



Fort Sill Army Family Team Building

Community Needs Assessment

Hello, please take the time to fill out this needs assessment. Your input will provide us with the information we need to better serve you and the community.

Please check one box

Status

- | | | |
|--|---|---|
| <input type="checkbox"/> Single | <input type="checkbox"/> Active Duty | <input type="checkbox"/> Family Member of Active Duty |
| <input type="checkbox"/> Divorced | <input type="checkbox"/> Army Reserve | <input type="checkbox"/> Family Member of Civilian Employee |
| <input type="checkbox"/> Single Parent | <input type="checkbox"/> Retired | <input type="checkbox"/> Civilian Employee |
| <input type="checkbox"/> Married | <input type="checkbox"/> Family Member of Retiree | |
| <input type="checkbox"/> Dual Military | <input type="checkbox"/> Army National Guard | <input type="checkbox"/> FRG Leader |

Rank of self or Sponsor

- ☐ E-1 to E-4
☐ E5 to E-9
☐ Officer
☐ Warrant Officer
☐ Civilian all ranks

Branch of Service

Gender

- ☐ Female
☐ Male

Where do you live

- ☐ On post
☐ Off post

Tour (please check all that apply)

- ☐ First duty station
☐ First time in Oklahoma

Please indicate reasons why you do not participate in AFTB program

- | | | |
|--|---|--|
| <input type="checkbox"/> Programs do not meet my needs | <input type="checkbox"/> Attitude of staff | <input type="checkbox"/> Not interested |
| <input type="checkbox"/> Lack of childcare | <input type="checkbox"/> No command support | <input type="checkbox"/> Unaware of Programs |
| <input type="checkbox"/> Inconvenient hours of operation | <input type="checkbox"/> Lack of transportation | Other: _____ |

Please answer questions that pertain to you.

Here is a sample listing of each program's services. Please indicate how satisfied you are with the following seminars, classes, and workshops offered by AFTB. Either circle the appropriate number (one number) or the Do Not Use box.

	Satisfied	Unaware of services	Dissatisfied	Do not Use
Levels I, II & III Module	1	2	3	4
FRG TRAINING (Basic, Intermediate & Advance)	1	2	3	4
SGT – SFC Professional Development Leadership Training	1	2	3	4
AFTB Instructors' Course	1	2	3	4

Thank you for your support. Please take a moment to tell us which classes/services you would like AFTB to add in the future.

NAME: _____
PHONE: _____